

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

10/510128

FILING DATE

APPENDIX

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
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4		2											
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TOTAL IND.	2	↓	2	↓		↓			↓		↓		↓
TOTAL DEP.	19	←	16	←		←			←		←		←
TOTAL CLAIMS	21		18										
51													
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TOTAL IND.		↓		↓		↓			↓		↓		↓
TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													